

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

<p>In re:</p> <p>Northstar Healthcare Holdings, Inc.</p> <p style="text-align: center;">Debtor.</p>	<p>Chapter 7 Case No. 19-12262 (CSS) (Joint Administration Pending)</p>
<p>In re:</p> <p>Northstar Healthcare Acquisitions, L.L.C.</p> <p style="text-align: center;">Debtor.</p>	<p>Chapter 7 Case No. 19-12263 (CSS) (Joint Administration Pending)</p>
<p>In re:</p> <p>Nobilis Health Corp.</p> <p style="text-align: center;">Debtor.</p>	<p>Chapter 7 Case No. 19-12264 (CSS) (Joint Administration Pending)</p>

**STATEMENT OF CHAPTER 7 TRUSTEE REGARDING FILING OF DEBTORS’
SCHEDULES AND STATEMENTS OF FINANCIAL AFFAIRS**

Alfred T. Giuliano, the chapter 7 trustee (the “Trustee”) for the estates of In re: Northstar Healthcare Holdings, Inc., Case No. 19-12262-CSS; In re: Northstar Healthcare Acquisitions, L.L.C., Case No. 19-12263-CSS and In re: Nobilis Health Corp., Case No. 19-12264-CSS (collectively, the “Debtors”), by and through his undersigned counsel, hereby files under cover of this Statement the Debtors’ schedules, statements of financial affairs and other documents required to be filed by the Debtors in these bankruptcy cases pursuant to Rule 1007(b) of the Federal Rules of Bankruptcy Procedure (the “Debtors’ Schedules and Documents”).

The Debtors’ Schedules and Documents have been prepared and signed by Mr. Samuel Palermo, the Debtors’ chief restructuring officer. However, the Debtors’ counsel, Morris, Nichols, Arsht & Tunnell, refuses and/or has declined to file the Debtors’ Schedules and

Documents. The Trustee through his counsel is filing the Debtors' Schedules and Documents in accordance with this Court's order, dated December 17, 2019 [Docket No. 62, 69, 71] so that the Debtors' obligations under Rule 1007(b) are fulfilled. In doing so, the Trustee and his counsel do not make any representations or warranties as to the accuracy and/or completeness of the Debtors' Schedules and Documents under Fed. R. Bankr. P. 9011, or, otherwise.

Any deficiencies including form, format or content regarding the Debtors' Schedules and Documents should be directed to the Debtor and the Debtors' counsel.

Dated: February 13, 2020

COZEN O'CONNOR

/s/ John T. Carroll

By:

John T. Carroll, III (DE No. 4060)
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Suite 1001
Wilmington, DE 19801
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(302) 295-2013 Fax No.
jcarroll@cozen.com

*Counsel to Alfred T. Giuliano,
Chapter 7 Trustee*

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

NORTHSTAR HEALTHCARE HOLDINGS,
INC.

Debtor.

Chapter 11

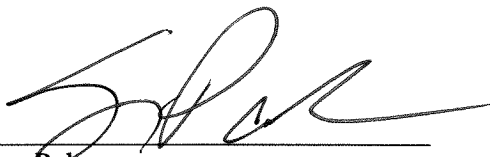
Case No. 19-12262

GLOBAL NOTES STATEMENT

Sam Palermo and Harry Fleming prepared the attached Schedules and Statement of Financial Affairs for Northstar Healthcare Holdings, Inc. the appointment of a Receiver in the case styled *BBVA USA, as agent of the Plaintiff, vs. Northstar Healthcare Acquisitions, LLC, Nobilis Health Corp, and Northstar Healthcare Holdings, Inc, et al.*, Cause No. DC-19-15508 pending before the 44th District Court in Dallas, Dallas County, Texas. Following this appointment and with the knowledge and permission of the Receiver, these documents were prepared. No representations concerning the accuracy of the information provided herein can be made beyond the documents provided by the Receiver as he is in possession of all corporate records. Mr. Palermo and Mr. Fleming relied on information provided by the Receiver through two individuals appointed by the Receiver: Drake Genna and Matt Roffers. Because of the appointment of the Receiver, some information could not be independently verified beyond that provided by the Receiver.

Dated: January 15, 2020.

By:



Sam Palermo

Fill in this information to identify the case:Debtor name Northstar Healthcare Holdings, Inc.United States Bankruptcy Court for the: DISTRICT OF DELAWARECase number (if known) 19-12262 (CSS)☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ 0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ 7,481,552.00**1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ 7,481,552.00**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ Unknown**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ Unknown**4. Total liabilities**
Lines 2 + 3a + 3b\$ Unknown

Fill in this information to identify the case:

Debtor name **Northstar Healthcare Holdings, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **19-12262-CSS**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☒ No. Go to Part 2.☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

Part 2: Deposits and Prepayments**6. Does the debtor have any deposits or prepayments?**☐ No. Go to Part 3.☒ Yes Fill in the information below.**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. **Due from NHA** **\$1,085,178.00**8.2. **Due from Victory** **\$6,128,124.00**8.3. **Due from Others** **\$268,250.00****9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$7,481,552.00**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☒ No. Go to Part 4.

Debtor **Northstar Healthcare Holdings, Inc.**
NameCase number (if known) **19-12262-CSS**☐ Yes Fill in the information below.**Part 4: Investments****13. Does the debtor own any investments?**☐ No. Go to Part 5.☒ Yes Fill in the information below.Valuation method used
for current valueCurrent value of
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**
Name of fund or stock:**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**
Name of entity: % of ownership**15.1. Investments in Associates**

%

Unknown**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:**17. Total of Part 4.****\$0.00**

Add lines 14 through 16. Copy the total to line 83.

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**☒ No. Go to Part 6.☐ Yes Fill in the information below.**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☒ No. Go to Part 8.☐ Yes Fill in the information below.**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**☒ No. Go to Part 9.☐ Yes Fill in the information below.**Part 9: Real property****54. Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes Fill in the information below.

Debtor **Northstar Healthcare Holdings, Inc.**
Name

Case number (If known) **19-12262-CSS**

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

**Current value of
debtor's interest**

71.	Notes receivable Description (include name of obligor)	
72.	Tax refunds and unused net operating losses (NOLs) Description (for example, federal, state, local)	
73.	Interests in insurance policies or annuities	
74.	Causes of action against third parties (whether or not a lawsuit has been filed) Claim against BBVA for failure to provide lending and acts of interfering with relationships venture partners. Claims against agent payers for services billed and not paid. Additional claims for extra contractual actions/claims resulting penalty to out of network providers Nature of claim Unknown Amount requested \$0.00	\$0.00
75.	Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims	
76.	Trusts, equitable or future interests in property	
77.	Other property of any kind not already listed <i>Examples: Season tickets, country club membership</i>	
78.	Total of Part 11. Add lines 71 through 77. Copy the total to line 90.	\$0.00
79.	Has any of the property listed in Part 11 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Northstar Healthcare Holdings, Inc.**
NameCase number (If known) **19-12262-CSS****Part 12: Summary****In Part 12 copy all of the totals from the earlier parts of the form**
Type of propertyCurrent value of
personal propertyCurrent value of real
property80. **Cash, cash equivalents, and financial assets.**
Copy line 5, Part 1**\$0.00**81. **Deposits and prepayments.** Copy line 9, Part 2.**\$7,481,552.00**82. **Accounts receivable.** Copy line 12, Part 3.**\$0.00**83. **Investments.** Copy line 17, Part 4.**\$0.00**84. **Inventory.** Copy line 23, Part 5.**\$0.00**85. **Farming and fishing-related assets.** Copy line 33, Part 6.**\$0.00**86. **Office furniture, fixtures, and equipment; and collectibles.**
Copy line 43, Part 7.**\$0.00**87. **Machinery, equipment, and vehicles.** Copy line 51, Part 8.**\$0.00**88. **Real property.** Copy line 56, Part 9.....>**\$0.00**89. **Intangibles and intellectual property.** Copy line 66, Part 10.**\$0.00**90. **All other assets.** Copy line 78, Part 11.

+

\$0.0091. **Total.** Add lines 80 through 90 for each column**\$7,481,552.00**

+ 91b.

\$0.0092. **Total of all property on Schedule A/B.** Add lines 91a+91b=92**\$7,481,552.00**

Fill in this information to identify the case:

Debtor name **Northstar Healthcare Holdings, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **19-12262-CSS**☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	
Unknown	\$0.00

2.1 CISCO Systems Capital Corporation

Creditor's Name

**1111 Old Eagle School
Roas
Wayne, PA 19087**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Describe the lien
against Northstar Acquisitions

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.2 CIT Bank N.A.**

Creditor's Name

**10201 Centurion Parkway
North, Suite 100
Jacksonville, FL 32256**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred**Last 4 digits of account number****Do multiple creditors have an interest in the same property?**

Describe debtor's property that is subject to a lien

Unknown**\$0.00**

Describe the lien

against Northstar Acquisitions

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

Debtor **Northstar Healthcare Holdings, Inc.**
Name

Case number (if known)

19-12262-CSS☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed**2.3 Compass Bank**

Creditor's Name

**8080 N. Central
Expressway, Suite 400
Dallas, TX 75206**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

10/28/2016

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All assets**Unknown****Unknown**

Describe the lien

against Northstar Acquisitions

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Corporation Service Company**

Creditor's Name

**P.O. Box 2576
Springfield, IL 62708**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Unknown**\$0.00**

Describe the lien

against Northstar Acquisitions

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5 De Lage Landen Financial Services, Inc.**

Creditor's Name

**1111 Old Eagle School
Road
Wayne, PA 19087**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Unknown**\$0.00**

Describe the lien

against Northstar Acquisitions

Debtor **Northstar Healthcare Holdings, Inc.**
Name

Case number (if known)

19-12262-CSS

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.6

General Electric Capital Corporation

Creditor's Name

**2 Bethesda Metro Center,
Suite 600
Bethesda, MD 20814**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

3/27/2015

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All assets**Unknown****Unknown**

Describe the lien

Holdings

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.7

MB Financial Bank, N.A.

Creditor's Name

**6111 N. River Road
Rosemont, IL 60018**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Unknown**\$0.00**

Describe the lien

against Northstar Acquisitions

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Debtor **Northstar Healthcare Holdings, Inc.**
NameCase number (if know) **19-12262-CSS****2.8** **Susquehanna Commercial Finance, Inc.**

Creditor's Name

**2 Country View Road, Suite 300
Malvern, PA 19355**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

2/18/2015

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Equipment in lease between Provident Equipment Leasing and Northstar Healthcare Holding

Describe the lien

Holdings

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Unknown

Unknown

2.9 **Wells Fargo Equipment Finance, Inc.**

Creditor's Name

**733 Marquette Avenue,
Suite 700
Minneapolis, MN 55402**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Describe the lien

against Northstar Acquisitions

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Unknown

\$0.00

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$0.00**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **Northstar Healthcare Holdings, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **19-12262-CSS**☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address
BBVA and all lenders

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.2 Nonpriority creditor's name and mailing address
Benson Systems
2065 West Obispo Ave Ste 101
Gilbert, AZ 85233

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.3 Nonpriority creditor's name and mailing address
ProHealth/Stillwater HCS, LLC
6750 Highway 6
Houston, TX 77083

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

Debtor **Northstar Healthcare Holdings, Inc.**

Name

Case number (if known)

19-12262-CSS**5a. Total claims from Part 1**5a. \$ **0.00****5b. Total claims from Part 2**5b. + \$ **0.00****5c. Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

5c. \$ **0.00**

Fill in this information to identify the case:

Debtor name **Northstar Healthcare Holdings, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**

Case number (if known) **19-12262-CSS**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☒ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name **Northstar Healthcare Holdings, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **19-12262-CSS**☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.***Column 1: Codebtor**Column 2: Creditor*

Name	Mailing Address	Name	<i>Check all schedules that apply:</i>
2.1 Nobilis Health Corp	c/o Robert J. Dehney Morris, Nichols, Arsht & Tunnell 1201 N. Market Street Wilmington, DE 19899		<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2 Northstar Healthcare Acquisitions, LLC	c/o Robert J. Dehney Morris, Nichols, Arsht & Tunnell 1201 N. Market Street Wilmington, DE 19899		<input type="checkbox"/> D _____ <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name **Northstar Healthcare Holdings, Inc.**United States Bankruptcy Court for the: **DISTRICT OF DELAWARE**Case number (if known) **19-12262-CSS**☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

1-15-20

x

Signature of individual signing on behalf of debtor

Printed name

SAM PALENKO

Position or relationship to debtor